

Exhibit 267 [replacing Dkt. #1964-55] attached to Plaintiffs' Memorandum of Law in Support of Motion for Partial Summary Adjudication that Defendants did not Comply with Their Duties under the Federal Controlled Substances Act to Report Suspicious Opioid Orders and Not Ship Them (Second Corrected) at Dkt. #1910-1.

- Redactions withdrawn by Defendant

EXHIBIT 267

TARGET #231



Threshold Change Form

Immediate Change Request Y/N_YAnticipated Effective Date:11/28/08Date:11/28/08

Customer Name: TARGET 2231
 Address: 300 CABELA DR
TRIADELPHIA
WV 26059

DEA number:FT0003018
 Customer Account number:113355

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
1. CS requested: <u>9300 MORPHINE</u>	Increase amount <u>30%</u>
2. CS requested:_____	Increase amount_____
3. CS requested:_____	Increase amount_____
4. CS requested:_____	Increase amount_____
5. CS requested:_____	Increase amount_____

Reason for change (attach supporting documentation):

McKesson use only

1. Date of last site visit/observation._____
2. Questionnaire and Declaration on file? _____ Date:_____
3. Permanent or Temporary threshold change? _____
4. Has threshold been changed on the same product within the last three months? _____

Current Threshold

1. _____
2. _____
3. _____
4. _____
5. _____

Denied By: _____

Date: _____

Approved by:DCM Blaine SanderDate: 11-28-08

Sales _____

Date: _____

Regulatory _____

Date: _____

TCR RA0450 112808

DEA Number	Customer				Begin Date	End Date	Cust Threshold
BW5462736	444653	WAL-MART 1935	2744	CHLORDIAZEPOXIDE	11/28/2008	12/31/9999	5,000
BW6867456	380627	WAL-MART 2809	9143	OXYCODONE	11/28/2008	12/31/9999	8,000
FW0700345	933098	WAL-MART 3738	9801	FENTANYL	11/28/2008	12/31/9999	5,000
AG1968227	892386	RITE AID 3095	9120	DIHYDROCODEINE	11/28/2008	12/31/9999	5,000
AR6851984	646952	RITE AID 0408	9143	OXYCODONE	11/28/2008	12/31/9999	10,400
AR8503915	530888	RITE AID 0450	9250	METHADONE	11/28/2008	12/31/9999	18,700
FT0003018	113355	TARGET 2231 PHCY	9300	MORPHINE	11/28/2008	12/31/9999	5,000
AN3227130	128772	NORTHSIDE 1ST CARE N./PHS	9193	HYDROCODONE	11/28/2008	11/28/2008	41,900
AN3227130	128772	NORTHSIDE 1ST CARE N./PHS	9193	HYDROCODONE	11/28/2008	12/31/9999	41,900
BN7472501	546258	NORTHSIDE 1ST CARE S./PHS	9193	HYDROCODONE	11/28/2008	11/28/2008	21,600
BN7472501	546258	NORTHSIDE 1ST CARE S./PHS	9193	HYDROCODONE	11/28/2008	12/31/9999	21,600
AV5310848	258435	VA PGH HLTH SYS-HD/OUTPT	9150	HYDROMORPHONE	11/28/2008	12/31/9999	5,000
FW0892035	388001	WESTMORELAND AT JEANNETTE	9250	METHADONE	11/28/2008	12/31/9999	14,000
							203,100



Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 11/28/2008

Date: 11/28/2008

Customer Name: Various RNA Customers - See attachment
Address: _____

DEA number: _____

Customer Account number: See attachment

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
1. CS requested: <u>Various</u>	Increase amount <u>30% increase</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

Increase due to Thanksgiving holiday - 30% increase

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change? perm _____
4. Has threshold been changed on the same product within the last three months? _____

Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM B Snider

Date: _____

Sales _____

Date: _____

Regulatory dg

Date: 11/28/08

Threshold Change Form.doc

Nusser, Dale

From: Snider, Blaine
Sent: Wednesday, December 17, 2008 10:14 AM
To: Martin, Diane
Cc: Nusser, Dale
Subject: FW: could you do me a favor.

Attachments: Threshold Change Form.doc

Can you handle?

Blaine Snider
Director of Operations
New Castle, Pa
724.924.9959
blaine.snider@mckesson.com

From: Gustin, Dave
Sent: Wednesday, December 17, 2008 10:10 AM
To: #PGDCM
Cc: de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy
Subject: FW: could you do me a favor.

All;
On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

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Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Wednesday, December 17, 2008 9:56 AM
To: Gustin, Dave
Subject: RE: could you do me a favor.

Dave



Threshold Change
Form.doc (64 ...)

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

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From: Gustin, Dave
Sent: Wednesday, December 17, 2008 8:49 AM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

Yep....11/28

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Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Tuesday, December 16, 2008 5:16 PM
To: Gustin, Dave
Subject: RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

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From: Gustin, Dave
Sent: Tuesday, December 16, 2008 3:01 PM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

I just need a TCR from you signed and dated the 30th. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

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Are you in today?

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Dave Gustin, DRA North Central Region

cell 937 402 0834